

FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 0

Complete if Known

Application Number	10/574,122
Filing Date	11/22/2006
First Named Inventor	Alex Bouchon et al.
Examiner Name	Lesser, Erich A.
Art Unit	1624
Attorney Docket No.	078503.0105

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

02-4377

Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

ADDITIONAL FEES

Surcharge - late oath or filing fee
 Non-English Specification
 Extension for reply within first month
 Extension for reply within second month
 Extension for reply within third month
 Extension for reply within fourth month
 Extension for reply within fifth month
 Notice of Appeal
 Filing a brief in support of an appeal
 Petition to revive - unavoidable
 Petition to revive - unintentional
 Utility Issue Fee
 Design Issue Fee
 Publication Fee
 Petitions to the Commissioner
 Request for Continued Examination (RCE)
 Information Disclosure Statement (IDS)

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	<input type="text"/> x 52 =	<input type="text"/> \$0

	Extra Claims	Fee	Fee Paid
Independent Claims	<input type="text"/>	<input type="text"/> x 220 =	<input type="text"/> \$0

	Extra Claims	Fee	Fee Paid
Multiple Dependent	<input type="text"/>	<input type="text"/> =	<input type="text"/> \$0

SUBTOTAL \$0

Fee Description

	Large Entity	Small Entity
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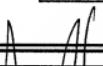
Claims in excess of 20	<input type="text"/> 52	<input type="text"/> 26
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Independent claims in excess of 3	<input type="text"/> 220	<input type="text"/> 110
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Multiple dependent claim, if not paid	<input type="text"/> 390	<input type="text"/> 195
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SUBTOTAL **(\$)** 0

(Complete if applicable)

SUBMITTED BY	Jason C. Chumney	Registration No. (Attorney/Agent)	54,781	Telephone	212-408-2500
Name (Print/Type)				Date	06/18/2009
Signature					

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/E74 122

Filing Date 11/22/2006

First Named Inventor Alex Bouchon et al

Art Unit 1624

Examiner Name | Lesser, Erich A.

Attorney Docket Number 078503.0105

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>	
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Jason C. Chumney		
Date	06/18/2009	Reg. No.	54,781

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

▲ Typed or printed name

Date

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